



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6799

<b>SERIAL NUMBER</b> 10/588,189	<b>FILING or 371(c) DATE</b> 08/02/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> 0630-1009	
<b>APPLICANTS</b> Philippe Boyer, Marseille, FRANCE; Alain Mazuir, Saint Maximin, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR05/00456 02/25/2005 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0402090 03/01/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/23/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHRISTOPHER G FINDLEY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 Alexandria, VA 22314 UNITED STATES					
<b>TITLE</b> Camera for medical, particularly dental use					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		